

In re **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Homestead House and approximately 62 acres of rural land	Fee Simple	C	\$896,450.00	\$494,000.00
Rental Property 1401 Vine St. Bridgeport, Tx 76426	Fee Simple	C	\$82,000.00	\$50,000.00
Total:			\$978,450.00	

(Report also on Summary of Schedules)

In re **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		on hand	C	\$200.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Living room suite, den furniture, kitchen appliances, cookware, eating utensils, lawn furniture, bedroom suites, washer/dryer, freezer	C	\$1,500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		miscellaneous	C	\$900.00
7. Furs and jewelry.		jewelry	C	\$500.00
8. Firearms and sports, photographic, and other hobby equipment.		video game system, camera and camcorder	C	\$150.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

In re **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		TB Services Total accounts receivable of 3000.00	C	\$3,000.00
		4-B Trucking Corp. Co debtor owns 100 % interest Assets: 2 Peterbilt Trucks - 1999	C	\$10,000.00
14. Interests in partnerships or joint ventures. Itemize.		Gotta Have That Co debtor - 100% owner	C	\$0.00
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Dodge Ram PU - 110000 miles	C	\$16,575.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;"> 3 continuation sheets attached (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) </div>				Total > \$32,825.00

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☒ Check if debtor claims a homestead exemption that exceeds
\$146,450.*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Homestead House and approximately 62 acres of rural land	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002	\$402,450.00	\$896,450.00
Living room suite, den furniture, kitchen appliances, cookware, eating utensils, lawn furniture, bedroom suites, washer/dryer, freezer	Tex. Prop. Code §§ 42.001(a), 42.002 (a)(1)	\$1,500.00	\$1,500.00
miscellaneous	Tex. Prop. Code §§ 42.001(a), 42.002 (a)(5)	\$900.00	\$900.00
jewelry	Tex. Prop. Code §§ 42.001(a), 42.002 (a)(6)	\$500.00	\$500.00
video game system, camera and camcorder	Tex. Prop. Code §§ 42.001(a), 42.002 (a)(8)	\$150.00	\$150.00
2006 Dodge Ram PU - 110000 miles	Tex. Prop. Code §§ 42.001(a), 42.002 (a)(9)	\$0.00	\$16,575.00
<i>* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</i>		\$405,500.00	\$916,075.00

B6D (Official Form 6D) (12/07)

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:	C	DATE INCURRED: NATURE OF LIEN: Fee Simple COLLATERAL: homestead REMARKS:				\$71,313.00	
Bank of America P.O. Box 650260 Dallas, Texas 75265-0260		VALUE: \$896,450.00					
ACCT #:		DATE INCURRED: Various NATURE OF LIEN: Mortgage arrears COLLATERAL: homestead REMARKS:					
Bank of America P.O. Box 650260 Dallas, Texas 75265-0260	C	VALUE: \$7,000.00				\$7,000.00	
ACCT #:	C	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: 2004 Supra boat, motor and trailer REMARKS:				\$45,742.00	\$25,742.00
Bank of the West 1450 Treat Blvd. Walnutcreek, CA 94597		VALUE: \$20,000.00					
ACCT #:		DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: Rental Property REMARKS:					
Chase Manhattan P.O. Box 24696 Columbus, OH 43224	C	VALUE: \$90,280.00				\$49,246.00	
Subtotal (Total of this Page) >						\$173,301.00	\$25,742.00
Total (Use only on last page) >							

2 continuation sheets attached(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6D (Official Form 6D) (12/07) - Cont.

In re **Troy Lee Boyd****Susan St. John Boyd**Case No. **10-44327**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:		C	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: homestead REMARKS:				\$24,593.00	\$24,593.00
Crockett County National Bank PO Box 591 San Angelo, Tx 76901			VALUE: \$0.00					
ACCT #:			DATE INCURRED: Various NATURE OF LIEN: Mortgage arrears COLLATERAL: Homestead REMARKS:					
Crockett County National Bank PO Box 591 San Angelo, Tx 76901	VALUE: \$392.00							
ACCT #:	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: 2004 GMC Sierra REMARKS:				\$1,400.00			
First Financial Bank 909 Stevens St Bridgeport, TX	VALUE: \$1,400.00							
ACCT #:	DATE INCURRED: NATURE OF LIEN: Purchase Money COLLATERAL: 2006 Dodge Ram REMARKS:							
James Wood Auto P.O. Box 1719 Decatur, TX 76234	VALUE: \$6,000.00							
Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors Holding Secured Claims			Subtotal (Total of this Page) > Total (Use only on last page) >			\$42,960.00		

(Report also on
Summary of
Schedules.)(If applicable,
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Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6D (Official Form 6D) (12/07) - Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:	C	DATE INCURRED: Various NATURE OF LIEN: Arrearage claim COLLATERAL: 2006 Dodge Ram REMARKS:				\$6,000.00	
James Wood Auto P.O. Box 1719 Decatur, TX 76234		VALUE: \$6,000.00					
ACCT #:		DATE INCURRED: Various NATURE OF LIEN: Purchase Money COLLATERAL: homestead REMARKS:					
PNC Mortgage 6 N Main St Dayton, OH 45402	C	VALUE: \$896,450.00				\$270,541.00	
ACCT #:	C	DATE INCURRED: Various NATURE OF LIEN: Arrearage claim COLLATERAL: homestead REMARKS:				\$20,802.00	
PNC Mortgage 6 N Main St Dayton, OH 45402		VALUE: \$20,802.00					
ACCT #:		DATE INCURRED: Various NATURE OF LIEN: Purchase Money COLLATERAL: Class A RV REMARKS:					
RSB Citizens P.O Box 7054 Bridgeport, TX 06601	C	VALUE: \$80,000.00				\$156,000.00	\$76,000.00
Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Secured Claims						\$453,343.00	\$76,000.00
Subtotal (Total of this Page) >						\$669,604.00	\$136,910.00
Total (Use only on last page) >							

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6E (Official Form 6E) (04/10)

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY	Administrative allowances
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Brenda Rotramble 401 S. Trinity Decatur, TX 76234	C	DATE INCURRED: 06/30/2010 CONSIDERATION: Attorney Fees REMARKS:				\$1,800.00	\$1,800.00	\$0.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$1,800.00	\$1,800.00	\$0.00
						\$1,800.00		
							\$1,800.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Afni Inc. 404 Brock Drive P. O. Box 3427 Bloomington, TL 61702-3427	C	DATE INCURRED: CONSIDERATION: Purchase Money REMARKS: collecting for Century Link				\$210.00
ACCT #: Allstate Two Wells Newton Century, MA 02454	C	DATE INCURRED: CONSIDERATION: Insurance REMARKS:				\$11,130.00
ACCT #: American Express c/o Becket and Lee P.O. Box 3001 Malvern, PA 19355	C	DATE INCURRED: CONSIDERATION: Consumer Services REMARKS:				\$10.00
ACCT #: Asset Acceptance PO Box 2036 Warren, MI 48090	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS: collecting for Bealls/World Financial Network				\$166.00
ACCT #: Capital 1 Bank Attn: C/O TSYS Debt Management PO BOX 5155 Norcross, GA 30091	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$2,843.00
ACCT #: Citi P.O. Box 6405 The Lakes, NV 88901-6405	C	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$8,840.30
Subtotal >						\$23,199.30
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Collection PO BOX 9136 Needham, MA 02494	C	DATE INCURRED: CONSIDERATION: Consumer Services REMARKS: collecting for Progressive County Mutual				\$597.00
ACCT #: Cook Children's Hospital P.O. Box 99213 Fort Worth, Tx 76199	C	DATE INCURRED: CONSIDERATION: medical services REMARKS:				\$1,000.00
ACCT #: Credit Management 4200 International PWY Carrolton, TX 75007	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS: collecting for Wise Electric Co-op				\$3,360.00
ACCT #: Credit Collection Services Two Wells Ave. Newton, MA 02459	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: collecting for Allstate Indemnity				\$1,130.78
ACCT #: CSC Prof Services P.O. Box 331081 Fort Worth Tx 76163	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$1,145.00
ACCT #: Dif Services 14665 Midway Rd. STE 110 Addison, TX 75001	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS: Collecting for Urology Associates				\$723.00

Sheet no. 1 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$7,955.78

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Discover P.O. Box 15316 Wilmington, DE19850	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$11,289.00
ACCT #: First Financial Bank P.O. 92840 Southlake, Tx 76092	C	DATE INCURRED: CONSIDERATION: Purchase Money REMARKS: charge off				\$495.00
ACCT #: GC Services Limited Partnership Collection Agency Division P.O. Box 2667 Houston, TX 77252-2667	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: collecting for Dish Network				\$100.00
ACCT #: IRS P.O. Box 21125 Philadelphia, Pa 19114	C	DATE INCURRED: CONSIDERATION: 1040 Taxes REMARKS: 2005-2006				\$6,456.81
Representing: IRS		IRS Dept of the Treasury Austin, Tx 73301				Notice Only
ACCT #: Martin Marietta Materials P.O. Box 30013 Raleigh, North Carolina 27622	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$49,927.00
Subtotal >						\$68,267.81
Total >						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 2 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Martin Marietta Materials		Griffith, Nixon, Davison 5420 LBJ Freeway, ste. 900 Dallas, TX 75240				Notice Only
ACCT #: MD Anderson P.O. 4460 Houston, Tx 77210	C	DATE INCURRED: CONSIDERATION: Medical Services REMARKS:				\$0.00
ACCT #: Nars Call Center P.O. Box 701 Chesterfield, MO 63006	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS: collecting for Target				\$0.00
ACCT #: Newport News PO Box 182124 Columbus, OH 43218	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$1,468.00
ACCT #: North Central Texas Open MRI, LP 800 Medical Ctr Dr. Ste. D Decatur, TX 76234	C	DATE INCURRED: CONSIDERATION: medical services REMARKS:				\$915.00
ACCT #: Pinnacle Anesthesia P.O. Box 650426 Dallas, Tx 75265	C	DATE INCURRED: CONSIDERATION: Medical Services REMARKS:				\$360.00
Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$2,743.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Progressive Mutual P.O. Box 9134 Needham, MA 02494h	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$466.00
ACCT #: Quest Diagnostics 2269 S. Sawmill River Rd. Bldg.3 Elmsford, NY 10523	C	DATE INCURRED: CONSIDERATION: Medical Services REMARKS:				\$277.00
ACCT #: Roma, Kirshbaum and Schmidt 4600 Hwy 6 N. Ste 101 Houston, TX 77084	C	DATE INCURRED: CONSIDERATION: Attorney for - REMARKS: Judgment				\$0.00
ACCT #: Sears P.O. Box 6283 Sioux Falls, SD. 57117-6283	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$2,297.00
ACCT #: Target National Bank P.O. Box 59317 Minneapolis, MN. 55459-0317	C	DATE INCURRED: CONSIDERATION: Non-Purchase Money REMARKS:				\$624.00
ACCT #: Wise Electric P.O. Box 269 Decatur, Tx 76234	C	DATE INCURRED: CONSIDERATION: Utilities REMARKS:				\$3,360.53
Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$7,024.53
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total > \$109,190.42

B6G (Official Form 6G) (12/07)

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	Dependents of Debtor and Spouse	
Married	Relationship(s): Son Son	Age(s): 17 13
	Relationship(s):	Age(s):
Employment:	Debtor	Spouse
Occupation	oilfield	sewing
Name of Employer	TB Services	Gotta Have That
How Long Employed		
Address of Employer	P.O. Box 66 Bridgeport, Tx 76426	1212 Stevens Bridgeport, Tx 76426

INCOME: (Estimate of average or projected monthly income at time case filed)

	<u>DEBTOR</u>	<u>SPOUSE</u>
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$0.00	\$0.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	\$0.00	\$0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$0.00	\$0.00
b. Social Security Tax	\$0.00	\$0.00
c. Medicare	\$0.00	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$0.00	\$0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$0.00	\$0.00
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$22,887.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify): _____	\$0.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. rental	\$200.00	\$0.00
b. _____	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$23,087.00	\$0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$23,087.00	\$0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$23,087.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None.

B6J (Official Form 6J) (12/07)

IN RE: **Troy Lee Boyd**
Susan St. John BoydCase No. **10-44327**
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$3,200.00
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other:	\$400.00 \$125.00
3. Home maintenance (repairs and upkeep)	\$100.00
4. Food	\$750.00
5. Clothing	\$100.00
6. Laundry and dry cleaning	\$50.00
7. Medical and dental expenses	\$100.00
8. Transportation (not including car payments)	\$400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$100.00
10. Charitable contributions	
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$650.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: sierra b. Other: 2006 Dodge Pick Up c. Other: d. Other:	\$690.00 \$675.00
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: 17.b. Other:	\$14,112.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$21,452.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None.	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	
	\$23,087.00 \$21,452.00 \$1,635.00

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

CASE NO **10-44327**CHAPTER **13**

EXHIBIT TO SCHEDULE J - BUSINESS INCOME AND EXPENSES

oilfield

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income for 12 Months Prior to Filing: **\$0.00**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: **\$20,032.00**

PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor):	<u>\$4,000.00</u>
4. Payroll Taxes:	<u>\$0.00</u>
5. Unemployment Taxes:	<u>\$0.00</u>
6. Worker's Compensation:	<u>\$110.00</u>
7. Other Taxes:	<u>\$27.00</u>
8. Inventory Purchases (including raw materials):	<u>\$160.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray:	<u>\$0.00</u>
10. Rent (other than debtor's principal residence):	<u>\$0.00</u>
11. Utilities:	<u>\$848.00</u>
12. Office Expenses and Supplies:	<u>\$98.00</u>
13. Repairs and Maintenance:	<u>\$330.00</u>
14. Vehicle Expenses:	<u>\$4,409.00</u>
15. Travel and Entertainment:	<u>\$0.00</u>
16. Equipment Rental and Leases:	<u>\$270.00</u>
17. Legal/Accounting/Other Professional Fees:	<u>\$40.00</u>
18. Insurance:	<u>\$381.00</u>
19. Employee Benefits (e.g., pension, medical, etc.):	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):	None
21. Other (Specify): construction, hauling expense, disposal	<u>\$2,981.00</u>

22. Total Monthly Expenses (Add items 3 - 21) **\$13,654.00**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2): **\$6,378.00**

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

CASE NO **10-44327**CHAPTER **13**

EXHIBIT TO SCHEDULE J - BUSINESS INCOME AND EXPENSES

Continuation Sheet No. 1

sewing

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income for 12 Months Prior to Filing: **\$0.00**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: **\$2,855.00**

PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor): **\$0.00**

4. Payroll Taxes: **\$0.00**

5. Unemployment Taxes: **\$0.00**

6. Worker's Compensation: **\$0.00**

7. Other Taxes: **\$0.00**

8. Inventory Purchases (including raw materials): **\$340.00**

9. Purchase of Feed/Fertilizer/Seed/Spray: **\$0.00**

10. Rent (other than debtor's principal residence): **\$0.00**

11. Utilities: **\$0.00**

12. Office Expenses and Supplies: **\$0.00**

13. Repairs and Maintenance: **\$0.00**

14. Vehicle Expenses: **\$0.00**

15. Travel and Entertainment: **\$0.00**

16. Equipment Rental and Leases: **\$0.00**

17. Legal/Accounting/Other Professional Fees: **\$0.00**

18. Insurance: **\$0.00**

19. Employee Benefits (e.g., pension, medical, etc.): **\$0.00**

20. Payments to be Made Directly by Debtor to Secured Creditors for
Pre-Petition Business Debts (Specify): **None**

21. Other (Specify): **office expenses \$118.00**

22. Total Monthly Expenses (Add items 3 - 21) **\$458.00**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2): **\$2,397.00**

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$978,450.00			
B - Personal Property	Yes	4	\$32,825.00			
C - Property Claimed as Exempt	Yes	1				
D - Creditors Holding Secured Claims	Yes	3				\$669,604.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2				\$1,800.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5				\$109,190.42
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	1			\$23,087.00	
J - Current Expenditures of Individual Debtor(s)	Yes	3		\$21,452.00		
TOTAL		22	\$1,011,275.00	\$780,594.42		

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 16)	\$23,087.00
Average Expenses (from Schedule J, Line 18)	\$21,452.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$5,561.55

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$136,910.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,800.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$109,190.42
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$246,100.42

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 07/15/2010

Signature /s/ Troy Lee Boyd
Troy Lee Boyd

Date 07/15/2010

Signature /s/ Susan St. John Boyd
Susan St. John Boyd

[If joint case, both spouses must sign.]

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

Case No. 10-44327
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☒ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Brenda Rotramble 401 S. Trinity Decatur, TX 76234	06/30/2010	\$1,700.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

18. Nature, location and name of business

- None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☒ a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

- None ☒ b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

Document Page 30 of 45
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

In re: **Troy Lee Boyd**
Susan St. John Boyd

Case No. **10-44327**
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

21. Current Partners, Officers, Directors and Shareholders

None

- ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None

- ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None

- ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None

- ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None

- ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. Tax Consolidation Group

None

- ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. Pension Funds

None

- ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **07/15/2010**

Signature **/s/ Troy Lee Boyd**
 of Debtor **Troy Lee Boyd**

Date **07/15/2010**

Signature **/s/ Susan St. John Boyd**
 of Joint Debtor **Susan St. John Boyd**
 (if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
 18 U.S.C. §§ 152 and 3571

Document Page 31 of 45
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Troy Lee Boyd**
Susan St. John Boyd

CASE NO **10-44327**

CHAPTER **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$3,500.00</u>
Prior to the filing of this statement I have received:	<u>\$1,700.00</u>
Balance Due:	<u>\$1,800.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/15/2010

Date

/s/ Brenda Brown Rotramble

Brenda Brown Rotramble

Brenda Rotramble

401 S. Trinity

Decatur, TX 76234

Phone: (940) 627-6612 / Fax: (940) 627-7574

Bar No. 17319500

/s/ Troy Lee Boyd

Troy Lee Boyd

/s/ Susan St. John Boyd

Susan St. John Boyd

Document Page 32 of 45
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Troy Lee Boyd**
Susan St. John Boyd

CASE NO **10-44327**

CHAPTER **13**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/15/2010

Signature /s/ Troy Lee Boyd
Troy Lee Boyd

Date 07/15/2010

Signature /s/ Susan St. John Boyd
Susan St. John Boyd

Afni Inc.
404 Brock Drive
P. O. Box 3427
Bloomington, TL 61702-3427

Allstate
Two Wells
Newton Century, MA 02454

American Express
c/o Becket and Lee
P.O. Box 3001
Malvern, PA 19355

Asset Acceptance
PO Box 2036
Warren, MI 48090

Bank of America
P.O. Box 650260
Dallas, Texas 75265-0260

Bank of the West
1450 Treat Blvd.
Walnutcreek, CA 94597

Brenda Rotramble
401 S. Trinity
Decatur, TX 76234

Capital 1 Bank
Attn: C/O TSYS Debt Management
PO BOX 5155
Norcross, GA 30091

Chase Manhattan
P.O. Box 24696
Columbus, OH 43224

Citi
P.O. Box 6405
The Lakes, NV 88901-6405

Collection
PO BOX 9136
Needham, MA 02494

Cook Children's Hospital
P.O. Box 99213
Fort Worth, Tx 76199

Credit Management
4200 International PWY
Carrolton, TX 75007

Credit Collection Services
Two Wells Ave.
Newton, MA 02459

Crockett County National Bank
PO Box 591
San Angelo, Tx 76901

CSC Prof Services
P.O. Box 331081
Fort Worth Tx 76163

Dif Services
14665 Midway Rd. STE 110
Addison, TX 75001

Discover
P.O. Box 15316
Wilmington, DE19850

First Financial Bank
P.O. 92840
Southlake, Tx 76092

First Financial Bank
909 Stevens St
Bridgeport, TX

GC Services Limited Partnership
Collection Agency Division
P.O. Box 2667
Houston, TX 77252-2667

Griffith, Nixon, Davison
5420 LBJ Freeway, ste. 900
Dallas, TX 75240

IRS
P.O. Box 21125
Philadelphia, Pa 19114

IRS
Dept of the Treasury
Austin, Tx 73301

James Wood Auto
P.O. Box 1719
Decatur, TX 76234

Martin Marietta Materials
P.O. Box 30013
Raleigh, North Carolina 27622

MD Anderson
P.O. 4460
Houston, Tx 77210

Nars Call Center
P.O. Box 701
Chesterfield, MO 63006

Newport News
PO Box 182124
Columbus, OH 43218

North Central Texas Open MRI, LP
800 Medical Ctr Dr. Ste. D
Decatur, TX 76234

Pinnacle Anesthesia
P.O. Box 650426
Dallas, Tx 75265

PNC Mortgage
6 N Main St
Dayton, OH 45402

Progressive Mutual
P.O. Box 9134
Needham, MA 02494h

Quest Diagnostics
2269 S. Sawmill River Rd. Bldg.3
Elmsford, NY 10523

Roma, Kirshbaum and Schmidt
4600 Hwy 6 N. Ste 101
Houston, TX 77084

RSB Citizens
P.O Box 7054
Bridgeport, TX 06601

Sears
P.O. Box 6283
Sioux Falls, SD. 57117-6283

Target National Bank
P.O. Box 59317
Minneapolis, MN. 55459-0317

Tim Truman
6851 N.E. Loop
Ste 300
N. Richland Hills, Tx 76180

Wise Electric
P.O. Box 269
Decatur, Tx 76234

B 22C (Official Form 22C) (Chapter 13) (04/10)In re: **Troy Lee Boyd****Susan St. John Boyd**Case Number: **10-44327**

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.
☒ The applicable commitment period is 5 years.
☒ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME						
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.						
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$0.00	\$0.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					
	a.	Gross receipts	\$14,652.83	\$1,910.83		
	b.	Ordinary and necessary business expenses	\$10,685.50	\$316.61		
	c.	Business income	Subtract Line b from Line a		\$3,967.33	\$1,594.22
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.					
	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00		
	c.	Rent and other real property income	Subtract Line b from Line a		\$0.00	\$0.00
5	Interest, dividends, and royalties.				\$0.00	\$0.00
6	Pension and retirement income.				\$0.00	\$0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.				\$0.00	\$0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$0.00	Spouse \$0.00	\$0.00	\$0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	a.					
	b.					
					\$0.00	\$0.00

B 22C (Official Form 22C) (Chapter 13) (04/10)

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$3,967.33	\$1,594.22
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$5,561.55	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.	\$5,561.55									
13	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											
14	Subtract Line 13 from Line 12 and enter the result.	\$5,561.55									
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$66,738.60									
16	<p>Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Texas</u> b. Enter debtor's household size: <u>4</u></p>	\$66,145.00									
17	<p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>										

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.	\$5,561.55									
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$5,561.55
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$66,738.60
22	Applicable median family income. Enter the amount from Line 16.	\$66,145.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				\$1,371.00																								
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.																												
	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td>\$60.00</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>5</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>\$300.00</td> </tr> </tbody> </table>		Household members under 65 years of age			a1.	Allowance per member	\$60.00	b1.	Number of members	5	c1.	Subtotal	\$300.00	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a2.</td> <td>Allowance per member</td> <td>\$144.00</td> </tr> <tr> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> <td>\$0.00</td> </tr> </tbody> </table>		Household members 65 years of age or older			a2.	Allowance per member	\$144.00	b2.	Number of members		c2.	Subtotal	\$0.00	\$300.00
Household members under 65 years of age																													
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a2.	Allowance per member	\$144.00																											
b2.	Number of members																												
c2.	Subtotal	\$0.00																											
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				\$632.00																								
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.																												
	<table border="1" style="width: 100%;"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td>\$884.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$6,107.45</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>		a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$884.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$6,107.45	c.	Net mortgage/rental expense	Subtract Line b from Line a.			\$0.00															
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$884.00																											
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$6,107.45																											
c.	Net mortgage/rental expense	Subtract Line b from Line a.																											
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:																												

B 22C (Official Form 22C) (Chapter 13) (04/10)

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$478.00
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$0.00
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		\$496.00
	a.	IRS Transportation Standards, Ownership Costs	\$496.00
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$0.00
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		\$496.00
	a.	IRS Transportation Standards, Ownership Costs	\$496.00
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$299.58
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		\$0.00
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		\$0.00
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		\$0.00
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.		\$0.00

B 22C (Official Form 22C) (Chapter 13) (04/10)

34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$0.00
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.	\$0.00
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.	\$0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.	\$0.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$3,473.42

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 24-37**

39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$0.00	
	a.	Health Insurance		\$0.00
	b.	Disability Insurance		\$0.00
	c.	Health Savings Account		\$0.00
Total and enter on Line 39			\$0.00	
IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below: _____				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.		\$0.00	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$0.00	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.			
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.		\$0.00	

44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.																										
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.	\$0.00																									
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$0.00																									
Subpart C: Deductions for Debt Payment																											
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Bank of America</td> <td>homestead</td> <td style="text-align: right;">\$1,188.55</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Bank of the West</td> <td>2004 Supra boat, motor and</td> <td style="text-align: right;">\$762.37</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Chase Manhattan</td> <td>Rental Property</td> <td style="text-align: right;">\$820.77</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td></td> <td colspan="2">(See continuation page.)</td> <td>Total: Add Lines a, b and c</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	Bank of America	homestead	\$1,188.55	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	b.	Bank of the West	2004 Supra boat, motor and	\$762.37	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	c.	Chase Manhattan	Rental Property	\$820.77	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		(See continuation page.)		Total: Add Lines a, b and c	
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c.	Chase Manhattan	Rental Property	\$820.77	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																							
	(See continuation page.)		Total: Add Lines a, b and c																								
48	Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>PNC Mortgage</td> <td>homestead</td> <td style="text-align: right;">\$346.70</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2"></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.	PNC Mortgage	homestead	\$346.70	b.				c.							Total: Add Lines a, b and c					
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a.	PNC Mortgage	homestead	\$346.70																								
b.																											
c.																											
			Total: Add Lines a, b and c																								
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.	\$25.00																									
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$1,100.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">10 %</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly chapter 13 plan payment.	\$1,100.00	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	10 %	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																
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c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																									
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.	\$8,471.87																									
Subpart D: Total Deductions from Income																											
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.	\$11,945.29																									

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$5,561.55															
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.																
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$0.00															
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$11,945.29															
57	<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.</p> <table border="1"> <thead> <tr> <th></th><th>Nature of special circumstances</th><th>Amount of expense</th></tr> </thead> <tbody> <tr> <td>a.</td><td></td><td></td></tr> <tr> <td>b.</td><td></td><td></td></tr> <tr> <td>c.</td><td></td><td></td></tr> <tr> <td></td><td></td><td>Total: Add Lines a, b, and c</td></tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.			b.			c.					Total: Add Lines a, b, and c	\$0.00
	Nature of special circumstances	Amount of expense															
a.																	
b.																	
c.																	
		Total: Add Lines a, b, and c															
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$11,945.29															
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	(\$6,383.74)															

Part VI: ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		
b.		
c.		
	Total: Add Lines a, b, and c	\$0.00

Part VII: VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>07/15/2010</u>	Signature: <u>/s/ Troy Lee Boyd</u> Troy Lee Boyd
	Date: <u>07/15/2010</u>	Signature: <u>/s/ Susan St. John Boyd</u> Susan St. John Boyd

3. Income from the operation of a business, profession or farm (details):

Debtor or Spouse's Income	Description (if available)	Average Monthly Amount
Debtor	<u>oilfield</u>	
Gross receipts		\$14,652.83
Ordinary and necessary business expenses		\$10,685.50
Business income (do not enter a number less than zero)		\$3,967.33
Spouse	<u>sewing</u>	
Gross receipts		\$1,910.83
Ordinary and necessary business expenses		\$316.61
Business income (do not enter a number less than zero)		\$1,594.22

47. Future payments on secured claims (continued):

Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
Crockett County National Bank	homestead	\$409.88	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
First Financial Bank	2004 GMC Sierra	\$23.33	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
James Wood Auto	2006 Dodge Ram	\$276.25	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
PNC Mortgage	homestead	\$4,509.02	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
RSB Citizens	Class A RV	\$0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no